

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-021911

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 369

FILED JUL 9 1962

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| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u> | | c. CITY OR TOWN <u>Princeton</u> | |
| Length of stay in 1b <u>51 days</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Missouri Medical Center</u> | | d. STREET ADDRESS (If outside, give location) <u>103 East Main</u> | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Ollie</u> Middle <u>Horn</u> Last <u>Clark</u> | | | 4. DATE OF DEATH Month <u>6</u> Day <u>29</u> Year <u>1962</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-21-1897</u> | 9. AGE (last birthday) <u>64</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u> | | |
| 11. BIRTHPLACE (City and state or country) <u>USA</u> | | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | |
| 13a. FATHER'S NAME <u>William Horn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Stewart</u> | | 14. NAME OF HUSBAND OR WIFE <u>Glenn Clark</u> | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | 17. INFORMANT Address <u>Columbia, Missouri</u> <u>University of Missouri Medical Center Records</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION, ACUTE</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>< 3 days</u> |
| DUE TO (b) <u>GEN. ARTERIOSCLEROSIS</u> | | <u>YRS</u> |
| DUE TO (c) <u>SUBDURAL HEMATOMA, RIGHT</u> | | <u>3 WKS</u> |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CHRONIC ULCERATIVE COLITIS

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour <u>11:00</u> a.m. <u>pm</u> Month, Day, Year <u>5-9-62</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Princeton, Mo.</u> | COUNTY <u>Mercer</u> STATE <u>Mo.</u> |
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| 21. I attended the deceased from <u>5-9-62</u> to <u>6-29-62</u> and last saw her alive on <u>6-29-62</u> Death occurred at <u>11:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>J. G. Broadbent, M.D.</u> (Degree or title) | 22b. ADDRESS <u>UNIV. HOSP COLUMBIA, Mo.</u> | 22c. DATE SIGNED <u>6-30-62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>June 30, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Princeton Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Princeton, Mo. Mercer Co.</u> |
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| 24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>June 30 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> |
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

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Rev. 4/59

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JUL 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

- If this body is not embalmed, fact should be so stated above.